



**CITY OF AKRON AND AKRON COMMUNITY
FOUNDATION**
2014

**NEIGHBORHOOD PARTNERSHIP PROGRAM
APPLICATION**

Please complete application and return to:

City of Akron, Department of Planning and Urban Development
Comprehensive Planning Division
161 South High Street
Suite 201
Akron, Ohio 44308

Application due November 8, 2013

Please read and complete entire application; specifically parts that pertain to your program. Also, pay special attention to the budget page, making sure NPP funds requested are the same amounts indicated on invoices for payment.

Submit one original and three copies. Please do not staple.

2014 NEIGHBORHOOD PARTNERSHIP PROGRAM APPLICATION

Organization Information

Application Organization: _____

Federal Tax ID Number (**REQUIRED** if your organization is the fiscal agent): _____

Address: _____

Organization contact person: _____ Telephone: _____ **WARD**

E-mail address: _____

Additional contact person: _____ Telephone: _____

Fiscal Agent Information

Fiscal Agent Organization (if applicable): _____

Federal Tax ID Number (**REQUIRED**): _____

Address: _____

Contact Person: _____ Telephone: _____

E-Mail address: _____

Project Information

Program / Project Title: _____

Enter the total amount of grant funds requested: \$ _____

Enter the total value of the neighborhood match: \$ _____

The signatory declares that he/she is the elected Chairperson or President of the applicant organization, has been authorized to make this application on behalf of the organization and that the information supplied in this application is accurate. Circle title(s) below.

Chairperson/President/Signer of contract (Print)

Signature

Date

The signatory declares that he/she is the Executive Director of the non-profit organization that agrees to serve as fiscal agent to receive and administer NPP funds for the above applicant for a fee of \$50.

Executive Director/Fiscal Agent/Signer of Contract (Print)

Signature

Date

Program Information

Do you anticipate your project receiving other funding? If yes, please list all sources, including other City or ACF funds:

Number of individuals to be served: _____

Duration of Program: Beginning _____ Ending _____

Duration of the program indicates when you will begin spending funds and working on your program. This date may vary due to City Council approval.
(Invoices/receipts must reflect time span for the beginning and ending of the program.)

How often will you meet? _____

Meeting Location: _____

Project Description: In the space provided, explain the proposed project.

Neighborhood Benefit: How will your project benefit the neighborhood?

Why is this important to the neighborhood?

Involvement: Who was involved in the selection and planning of the project? Explain how members of your neighborhood and organization will be involved in implementing the project. **Demonstrate neighborhood involvement.**

Target Area: Define the specific neighborhood that will be the focus of the project. If the project involves a specific address or location, please identify (i.e., location of tutoring program, beautification site, etc.). **Please include a map highlighting the project area.**

TO BE COMPLETED BY AFTER SCHOOL PROGRAM PROPOSALS ONLY

Curriculum: Describe how you incorporate academics and recreation in a comprehensive program and how this program supports school day activities. (Please attach additional pages if necessary.)

Tutoring: Describe the qualifications of individuals providing tutoring sessions. (Please attach additional pages if necessary.)

Ratio: What is the teacher (tutor) / student ratio?

NEIGHBORHOOD PARTNERSHIP PROGRAM PROJECT BUDGET

Description of Budget Item	Estimated Cost	NPP Request	Neighborhood Match		
			Cash	Volunteer (at \$10/hr.)	Donated Materials
	Column A	Column B	Column C	Column D	Column E
Supplies/material					
Equipment					
Copying/Printing					
Consultants/Contracts					
Personnel					
Volunteer Labor					
TOTALS	Total: \$	Total: \$	Total: \$	Total: \$	Total: \$

Note: In TOTALS, the sum of columns C, D and E must meet or exceed Column B. In addition, please submit **PROOF OF 501(C)(3) STATUS**, a **LIST OF CURRENT BOARD MEMBERS**, and letters or other documents confirming matching resources and primary partners. Applications using fiscal agents must also have a letter from that organization indicating its willingness to serve in this capacity. Volunteer hours are valued at the rate of \$10 per hour. These hours may be used as match for each dollar requested for reimbursement.

NEIGHBORHOOD PARTNERSHIP PROGRAM EXAMPLE PROJECT BUDGET

Description of Budget Item	Estimated Cost	NPP Request	Neighborhood Match		
			Cash	Volunteer (at \$10/hr.)	Donated Materials
	Column A	Column B	Column C	Column D	Column E
Supplies/material					
Flowers	\$1,100	\$1,100			
Street trees	\$ 200	\$ 100			\$ 100
Equipment					
Tool rental	\$ 500	\$ 500			
Copying/Printing					
Copy costs	\$ 100	\$ 50	\$ 50		
Consultants/Contracts					
Landscaping	\$ 200	\$ 150			\$ 50
Personnel					
Volunteer Labor					
Neighborhood Residents – planting trees (\$10@100 hrs)				\$1,000	
Neighborhood Residents – removing debris (\$10@100 hrs)				\$1,000	
TOTALS	Total: \$2,100	Total: \$1,900	Total: \$50	Total: \$2,000	Total: \$150

Note: In TOTALS, the sum of columns C, D and E must meet or exceed Column B. In addition, please submit **PROOF OF 501(C)(3) STATUS**, a **LIST OF CURRENT BOARD MEMBERS**, and letters or other documents confirming matching resources and primary partners. Applications using fiscal agents must also have a letter from that organization indicating its willingness to serve in this capacity. Volunteer hours are valued at the rate of \$10 per hour. These hours may be used as match for each dollar requested for reimbursement.

**NEIGHBORHOOD PARTNERSHIP PROGRAM
“PLEDGE FORM”**

ORGANIZATION: _____

PROJECT NAME: _____

Please have volunteers sign below pledging that they will work on the above mentioned project.

This form may not be used for actual volunteer time.

NAME	ADDRESS	PHONE	HOURS COMMITTED

